

DATE: October 10, 2008
TO: Fire Marshals, Appointing Authorities
FROM: Douglas Schanne, Assistant Director
Office of Education & Data Management

REFERENCE: 2009 Fire Marshal/Inspector Pre-Certification Course Announcements

The Office of Education and Data Management, in cooperation with the Office of State Fire Marshal, will be conducting the Fire Marshal/Inspector Pre-Certification course during the 2009 Calendar Year.

Applicants must meet the following criteria to be considered for enrollment in the Pre-Certification Program:

- 1) Candidate must be at least 18 years of age
- 2) Candidate must have a high school diploma or its equivalent
- 3) Appointing Authority must provide signed statement indicating that he/she will appoint applicant upon successful completion of program.

Applicants who meet the above criteria will be considered in accordance with need determined by the number of certified officials serving in the community they are to serve. If submitting more than one applicant for your jurisdiction, we will base our selection on the priority you assign to each of your applicants. Please be sure to complete this section of the application. Class size will be limited based on facility seating capacity. First preference for attendance to the Pre-Certification Program will be given to applicants who are enrolling in both modules.

Applications must be received NO LATER THAN DECEMBER 19, 2008

Please note that this year we will be offering two opportunities to take the Fire Inspector Module. On the application select the Fire Inspector Module that best fits your needs. This selection will be considered your first choice. The Office of Education and Data Management will make EVERY effort to accommodate your request. However, we may not be able to schedule for the selected Fire Inspector Module. You will be notified of your acceptance no later than January 9, 2009.

These Daytime Programs will be held Mondays, Wednesdays and Fridays from 9:00 a.m. to 4:30 p.m.

FIRE INVESTIGATION MODULE February 18, 2009 thru March 25, 2009

FIRE INSPECTOR MODULE

Hazardous Materials and Fire Safety Code ① April 6, 2009 thru June 15, 2009

.....② September 9, 2009 thru (to be determined)

Completed applications signed by the appointing authority should be sent to: CT Dept. of Public Safety, Office of Education and Data Management, 3-C, 1111 Country Club Rd., Middletown, CT 06457-2389, or via fax at (860) 685 8611.

CT DEPT. OF PUBLIC SAFETY
 OFFICE OF EDUCATION & DATA MANAGEMENT, 3-C
 1111 COUNTRY CLUB ROAD
 MIDDLETOWN, CT 06457-2389
 TELEPHONE: (860) 685- 8330
 FAX: (860) 685-8611
 WEBSITE: www.ct.gov/dps

For Office Use Only

APPLICATION FOR THE 43rd FIRE MARSHAL/INSPECTOR PRE-CERTIFICATION COURSE

PLEASE TYPE OR PRINT CLEARLY. COMPLETE APPLICATION IN ITS ENTIRETY.
 RETURN COMPLETED APPLICATION TO THE ABOVE ADDRESS.

Section 1-217 of the Connecticut General Statutes exempts the residential addresses of a number of occupational categories from release to the public under the Freedom of Information Act. Such categories include, but are not limited to, police officers, firefighters and employees of the Department of Correction. If you believe that your residential address is exempt under this law, please make a check mark in the box: ☐

PRE-CERTIFICATION MODULE APPLYING FOR

CHECK ONLY THOSE MODULES WHICH YOU ARE SEEKING ADMISSION TO

DAYTIME

Start

End

FIRE INVESTIGATION MODULE February 18, 2009 – March 25, 2009 []

FIRE INSPECTOR MODULE. April 6, 2009 – June 15, 2009 []
 Hazardous Materials & Fire Safety Code Fall Dates. September 9, 2009 -(to be determined) []

NOTE: Both modules are necessary to be appointed as a Fire Marshal, Deputy Fire Marshal or Fire Inspector

APPLICANT

APPLICANT'S LEGAL LAST NAME				FIRST NAME		MIDDLE INITIAL		APPLICATION DATE	
HOME ADDRESS				TOWN		STATE		ZIP CODE	
ID#: _____ – _____ Example: ABC - 1234 Your ID # is the First 3 Letters of Your Last Name and the Last 4 Digits of Your SS #.					DATE OF BIRTH: _____ Month / Day / Year				
<u>DAY</u> PHONE NUMBER / EXTENSION					BUSINESS PHONE NUMBER / EXTENSION				
HOME PHONE NUMBER					CELL PHONE / PAGER NUMBER				
E – MAIL ADDRESS - Please type or print clearly									

<u>EDUCATIONAL BACKGROUND</u>		
HIGH SCHOOL	NAME OF HIGH SCHOOL ATTENDED:	
	SUCCESSFULLY COMPLETED: <input type="checkbox"/> YES / <input type="checkbox"/> NO	DATE OF COMPLETION, IF APPLICABLE:
	IF "GED" / DATE SUCCESSFULLY COMPLETED:	
	IF "VOCATIONAL /TECHNICAL SCHOOL", NAME THE DISCIPLINE AND DATE SUCCESSFULLY COMPLETED:	
CIRCLE THE NUMBER THAT REFLECTS THE HIGHEST LEVEL OF YOUR FORMAL EDUCATION:		
COLLEGE: 13 14 15 16 POST GRADUATE: 17 18 19 20		
The above information is truthful to the best of my knowledge.		
APPLICANT SIGNATURE		DATE

<u>APPOINTING AUTHORITY</u>	
SPONSORING JURISDICTION:	_____
	<i>TOWN OR DISTRICT</i>
APPOINTING AUTHORITY:	_____
	<i>NAME</i>
	, _____
	<i>TITLE</i>
ADDRESS OF APPOINTING AUTHORITY:	_____
	<i>STREET</i>

	<i>TOWN</i>
	, _____
	<i>STATE</i>
	, _____
	<i>ZIP CODE</i>
	- _____
	<i>EXT.</i>
TELEPHONE NUMBER OF APPOINTING AUTHORITY: (_____)	_____

<u>STATEMENT OF INTENT</u>		
Upon successful completion of the Office of State Fire Marshal Pre-certification Course		
<hr/>		
<i>(NAME OF APPLICANT)</i>		
will be appointed to the position of <hr/>		
in the Jurisdiction of <hr/>		
NOTE: If you have more than one candidate, circle the priority of this applicant: 1 2 3 4		
<hr/>	/	<hr/>
APPOINTING AUTHORITY (PLEASE PRINT)		TITLE (PLEASE PRINT)
<hr/>	/	<hr/>
APPOINTING AUTHORITY SIGNATURE		DATE